

Provider Information

1

Provider Name (including DBA, if applicable) *

Enter your answer

2

Waiver and/or Group Home Provider Number(s), including provider numbers for operations acquired after March 1, 2019: *

Enter your answer

3

Address for Provider's Primary Office Location *

Enter your answer

4

Phone Number for Provider's Primary Office Location *

Enter your answer

Provider Contact Information

5

Provider Executive Director/CEO Name: *

6

Provider Executive Director/CEO Phone Number *

7

Provider Executive Director/CEO E-mail Address *

8

Please indicate who is completing this application *

If someone other than the Provider Executive Director/CEO is completing the application, please enter the person's name and e-mail address in "Other Below"

☐ Provider CEO or Executive Director☐ Other

Information on Other Federal Aid Received

This information is being gathered for informational purposes only and will not be utilized in determining the grant amount.

9

Please share the amount, if any, your organization received from the Federal Emergency Management Agency in relation to the COVID-19 Public Health Emergency. *

For more information on FEMA's COVID-19 relief, please visit <https://www.fema.gov/disasters/coronavirus>

Enter your answer

10

Please share the amount, if any, your organization received from the CARES Act Provider Relief Fund administered by the U.S. Department of Health and Human Services. *

For information on the CARES Act Provider Relief Fund, please visit <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>

Enter your answer

11

Please share the amount, if any, your organization received through the COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured administered by the U.S. Department of Health and Human Services. *

For information on COVID-19 testing and treatment, please visit <https://www.hrsa.gov/CovidUninsuredClaim>

Enter your answer

12

Please share the amount, if any, your organization received from the Small Business Administration and Department of Treasury's Paycheck Protection Program (PPP). *

For more information on the Paycheck Protection Program, please visit <https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program>

Enter your answer

Compensation Related Expenses

Allowable compensation only includes services provided in a residential waiver service covered by this grant or group home. Appropriate documentation is payroll registers supporting amounts claimed. If person works only part time in a residential waiver setting and/or group home, documentation should be maintained for hours worked in the setting. Compensation earned for work in services not covered by this grant or outside the group home (e.g. day services) is not allowable.

As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.

13

Total Overtime Premium (50%) paid during the period March 1 - October 31, 2020 for the covered waiver and group home services: *

14

Total Incremental Shift Differential earned during March 1 - October 31, 2020
Note - defined as new shift differential program implemented during period to provide adequate DSP coverage in residential waiver settings and group homes: *

15

Hazard Pay earned paid during the period March 1 - October 31, 2020
Note - defined as additional payments to employees for working in residential waiver settings and group homes specifically related to needs created by COVID-19.
Note: Across the board bonuses or pay increase are not considered eligible. *

16

Other additional compensation not included in the above for services rendered during the period March 1 - October 31, 2020 in a residential waiver setting or group home due to a COVID-19 positive situation (e.g. incentive payments for staff quarantining with individuals in a residential setting): *

17

If you are claiming expenses related to question #16, please describe the other additional compensation reflected in the amount provided. *

Enter your answer

18

Increased/additional Nursing Compensation cost incurred during the period March 1 - October 31, 2020 due to COVID-19 including conducting additional training of staff, increased oversight of residents, responding to family concerns, etc. *

Enter your answer

19

Increased non-billable training to address infection control, proper use of PPE, and other COVID-19 related issues paid during the period March 1 - October 31, 2020: *

Enter your answer

20

Unreimbursed Families First Coronavirus Relief Act family leave or sick pay paid during the period March 1, 2020 - October 31, 2020, net of any payroll tax or other credits received. *

Enter your answer

Unemployment Claims for Non-Profit Entities

As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.

21

Is your organization recognized as a non-profit entity by the Internal Revenue Service? *

- ☐ Yes
- ☐ No

22

If your organization is a not-for-profit entity, are you considered a reimbursable employer by the Indiana Department of Workforce Development for purposes of unemployment claims? *

- ☐ Yes
- ☐ No

Unemployment Claims Information for the Period

Under the CARES Act, the federal government is paying 50% of the unemployment claims incurred by providers beginning March 13, 2020. Unemployment claims due and payable by providers for the period beginning March 1, 2020 are allowable expenses for the grant, net of the federal credit. Providers will be required to report monthly claims for the period through October 31, 2020.

23

Unemployment Claims processed - net of the 50% Federal credit - for March 2020 *

Enter your answer

24

Unemployment Claims processed - net of the 50% Federal credit - for April 2020 *

Enter your answer

25

Unemployment Claims processed - net of the 50% Federal credit - for May 2020 *

Enter your answer

26

Unemployment Claims processed - net of the 50% Federal credit - for June 2020 *

Enter your answer

27

Unemployment Claims processed - net of the 50% Federal credit - for July 2020 *

Enter your answer

28

Unemployment Claims processed - net of the 50% Federal credit - for August 2020 *

Enter your answer

29

Unemployment Claims processed - net of the 50% Federal credit - for September 2020 *

Enter your answer

30

Unemployment Claims processed - net of the 50% Federal credit - for October 2020 *

Enter your answer

Increased Employee Benefits

If a provider has increased employee benefits as a result of the COVID-19 public health emergency to ensure adequate staff availability, they may report the increased expense associated with these programs. Examples including the opening of a day care, unreimbursed healthcare costs, implementation of temporary co-payment assistance, etc.

31

Has your organization incurred increased employee benefit costs incurred during the period March 1 through October 31, 2020 to ensure adequate staff availability in response to COVID-19. *

- ☐ Yes
- ☐ No

Increased Employee Benefits - Detail

If a provider has increased employee benefits as a result of the COVID-19 public health emergency to ensure adequate staff availability, they may report the increased expense associated with these programs. Examples including the opening of a day care, unreimbursed healthcare costs, implementation of temporary co-payment assistance, etc.

As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.

32

Increased employee benefit costs incurred in March 2020 to ensure adequate staff availability in response to COVID-19. *

33

Increased employee benefit costs incurred in April 2020 to ensure adequate staff availability in response to COVID-19. *

35

Increased employee benefit costs incurred in June 2020 to ensure adequate staff availability in response to COVID-19. *

Enter your answer

36

Increased employee benefit costs incurred in July 2020 to ensure adequate staff availability in response to COVID-19. *

Enter your answer

37

Increased employee benefit costs incurred in August 2020 to ensure adequate staff availability in response to COVID-19. *

Enter your answer

38

Increased employee benefit costs incurred in September 2020 to ensure adequate staff availability in response to COVID-19. *

Enter your answer

39

Increased employee benefit costs incurred in October 2020 to ensure adequate staff availability in response to COVID-19. *

Enter your answer

40

Please provide an explanation of the new benefit(s) provided, its relation to and impact on addressing COVID-19 needs and/or ensuring adequate staff availability. *

Enter your answer

Unreimbursed COVID-19 Testing Expenses

41

Has your organization incurred COVID-19 testing expenses during the period March 1, 2020 through October 31, 2020 that were not reimbursed by any other source? *

- ☐ Yes
- ☐ No

Unreimbursed COVID-19 Testing Expenses - Detail

If, as part of the delivery of services, providers incur unreimbursed expenses for the testing of individuals and/or staff including serological testing, they may claim those unreimbursed expenses for this grant.

As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.

42

COVID-19 testing expenses incurred in March 2020 and not reimbursed by any other source: *

43

COVID-19 testing expenses incurred in April 2020 and not reimbursed by any other source: *

44

COVID-19 testing expenses incurred in May 2020 and not reimbursed by any other source: *

45

COVID-19 testing expenses incurred in June 2020 and not reimbursed by any other source: *

Enter your answer

46

COVID-19 testing expenses incurred in July 2020 and not reimbursed by any other source: *

Enter your answer

47

COVID-19 testing expenses incurred in August 2020 and not reimbursed by any other source: *

Enter your answer

48

COVID-19 testing expenses incurred in September 2020 and not reimbursed by any other source: *

Enter your answer

49

COVID-19 testing expenses incurred in October 2020 and not reimbursed by any other source: *

Enter your answer

Personal Protective Equipment Expense

Unreimbursed costs incurred for PPE may be claimed as allowable expenses for this grant. Costs to create a reserve of personal protective equipment, costs to address an increase in solid waste as a result of the public health emergency, and costs related to the disposal of used personal protective equipment would be allowable expenditures.

As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.

50

Total Personal Protective Equipment purchased during the period March 1 through October 31, 2020: *

Other COVID-19 Related Expenses

Other COVID-19 related expenses not specified in one of the above categories may also be claimed as allowable expense of this grant. See Instructional Guide for examples of allowable categories.

As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.

51

Additional non-PPE COVID-related expenses incurred during the period March 1 through October 31, 2020: *

Includes infection control related expenses; medical supplies, like thermometers; technology expenses to support individuals in remaining connected to family and community; contract services related to COVID-19; etc.

Enter your answer

52

Please share indicate which of the following other COVID-19 related expenses are reflected in the amount indicated in the previous question. *

Please select all that apply

- ☐ thermometers (including thermal scanners and related equipment)
- ☐ plates, cups, silverware, trays, hot plates, etc. necessary to adhere to non-communal dining restrictions
- ☐ additional tables, chairs, etc. necessary to adhere to social distancing restrictions for communal dining
- ☐ outdoor furniture/materials necessary to construct outdoor visitation areas
- ☐ technology that allows residents to connect with their families in lieu of in-person visitation
- ☐ technology that allows residents to connect with the community in lieu of traveling to activities outside of the home
- ☐ indoor furniture/materials necessary to construct private indoor visitation areas
- ☐ sanitizing equipment and supplies
- ☐ infection control signage and other materials
- ☐ materials, supplies and equipment necessary for isolation, quarantine rooms/areas
- ☐ air scrubbers and air filtration systems
- ☐ Plexiglass or other materials for constructing separation panels/protective barriers or room sealing materials
- ☐ commercially sanitizing all or part of the building
- ☐ contract services including infection control training, sanitation, training, etc.
- ☐ additional general liability insurance expenses specific to the residential site/group home
- ☐ medical waste disposal

Stipulations of Provider Relief Grant

53

By submitting my application to this grant, our agency agrees to: *

Note: All statements must be checked in order for your application to be reviewed.

- ☐ Enter accurate information in this application detailing expenses incurred during the period March 1 - October 31, 2020 and related specifically to COVID-19.
- ☐ Maintain records that support the expenses reported in this application and make those records available upon request and/or audit.
- ☐ Follow COVID-19 related guidance published by DORS/BDDS.
- ☐ Ensure your response to the public emergency, including service changes, re-opening policies, and back-up planning, are communicated to individuals served, their families, and our staff in a timely and accessible manner.

Section 14

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Attestation

By submitting this grant application, your organization is subject to audit by the State of Indiana. With this in mind, your agency should maintain documentation and any records to support any amounts that you are providing within this application, so that it can be available upon audit.

Before you submit this application, you must type your name and attest to the statements below. Please carefully read the following statement and type your name as indicated.

By typing my name and submitting my application, I attest that, with the exception of unemployment expenses which apply to all employees, I have reported only those expenses related to the delivery of the following services:

- a. Residential Habilitation and Support Hourly
- b. Residential Habilitation and Support Daily
- c. Respite
- d. Participant Assistance and Care
- e. Structured Family Caregiving
- f. Transportation
- g. Wellness Coordination
- h. Workplace Assistance
- h. Intermediate Care Facilities for Individuals with Intellectual and Developmental

By typing my name and submitting my application, I attest that I am an agent of the provider whose name and information is set forth in this application. I further attest that all of the answers I have provided in this application are true and accurate. I understand that making false statements on this application is unlawful and that I could be subject to penalties including criminal prosecution for making a false statement on this application.

54

By typing my full legal name below, I affirm that I have read and agree to the attestations listed above: *

Enter your answer